



**ZONING VERIFICATION**

**CHILD CARE PROGRAM NAME**

**TELEPHONE NUMBER**

**CHILD CARE AGENCY TYPE(S):**  **FAMILY-BASED DAY CARE [RSA 170-E:2, IV(a) and (b)]**  
 **CENTER-BASED DAY CARE [RSA 170-E:2, IV(c) through (g)]**  
 **24-HOUR RESIDENTIAL [RSA 170-E:25, II(b), (c), (d) and III]**

**LOCATION ADDRESS:** \_\_\_\_\_  
 \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_  
 \_\_\_\_\_

**APPLICANT'S NAME:** \_\_\_\_\_

**INSTRUCTIONS:**

1. **SECTION 1 OR 2** must be completed by an individual who is authorized to sign zoning documents.
2. **SECTION 1** complete if zoning action is not required.
3. **SECTION 2** complete if zoning action is required.
4. **SECTION 2** include any restrictions regarding the existence of the agency

**SECTION 1:**

\_\_\_\_\_ The child care agency listed above conforms to the requirements of the zoning ordinance.

Any limits on the number of children in care? \_\_\_ No \_\_\_ Yes - If yes, how many children? \_\_\_\_\_

**COMMENTS/RESTRICTIONS (if applicable):**

Signature of Individual Authorized to Sign Zoning Documents for the Town Listed Above	Date Signed
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**SECTION 2:**

\_\_\_\_\_ The child care agency listed above has been approved by the zoning board of adjustment.

Restrictions? \_\_\_ No \_\_\_ Yes – If yes, please indicate below or include a separate attachment

**COMMENTS/RESTRICTIONS (if applicable):**

Signature of Individual Authorized to Sign Zoning Documents for the Town Listed Above	Date Signed
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